

**BUSINESS TANGIBLE PERSONAL  
PROPERTY ASSESSMENT RETURN**

State Form 11405 (R32 / 12-11)

Prescribed by the Department of Local Government Finance

**FORM  
103 - LONG****MARCH 1, 2012**

For Assessor's Use Only

**INSTRUCTIONS: PLEASE TYPE or PRINT**

- This form must be filed with the assessor of the county in which the property is located not later than May 15 unless an extension of up to thirty (30) days is granted in writing.
- A Form 104 must be filed with the return.

PRIVACY NOTICE: The records in this series are confidential according to I. C. 6-1.1-35-9.

Name of taxpayer <b>Alpha Beta Corporation</b>		Federal Identification Number ** <b>35-12345678</b>
Name under which business is conducted		DLGF Taxing district number <b>93002</b>
Address where property is located (number and street, city, state, and ZIP code) <b>123 Main Street, Somewhere, IN</b>		DLGF Taxing district name <b>Forest - Somewhere Corp.</b>
Nature of business <b>metal stamping</b>	NAICS * - Code number <b>332116</b>	Township <b>Forest</b>
Name and address to which Assessment and Tax Notice is to be mailed (If different than above)		County <b>Sherwood</b>
		Retail Merchants Certification Number

1. Federal Income Tax Year ends December 31 Name filed under Alpha Beta Corporation
2. Location of accounting records 123 Main Street, Somewhere, IN
3. Form of business ☐ Partnership or Joint Venture ☐ Sole Proprietorship ☒ Corporation ☐ Estate or Trust  
☐ Other, describe: \_\_\_\_\_
4. Do you have other locations in Indiana? ☐ Yes ☒ No
5. Did you own, hold, possess or control any leased, rented or other depreciable personal property on March 1? ☐ Yes ☒ No (See 50 IAC 4.2-8)
6. Did you own, hold, possess or control any Special Tools on March 1? ☐ Yes ☒ No (See 50 IAC 4.2-6-2)
7. Did you own, hold, possess or control any returnable containers on March 1? ☐ Yes ☒ No (See 50 IAC 4.2-6-4)
8. Total sales for this location during the prior fiscal or calendar year. \$ 55,000,000.00

If taxpayer answers "yes" to question 5, the owner must file Form 103-O and the possessor must file Form 103-N. Failure to properly disclose lease information may result in a double assessment. (See 50 IAC 4.2-2 and 50 IAC 4.2-8).

Duplicate Return Requirement. Every taxpayer whose total combined assessed value of business personal property in a single taxing district is \$150,000 or more must file each return in duplicate including the confidential returns and schedules attached thereto. (IC 6-1.1-3-7 (c))

Failure to file a return on or before the due date, as required by law, will result in the imposition of a twenty-five dollar (\$25) penalty. In addition, if the return is not filed within thirty (30) days after such return is due, a penalty equal to twenty percent (20%) of the taxes finally determined to be due with respect to the property which should have been reported will be imposed. A personal property return is not due until the expiration of any extension period granted by the assessing official under IC 6-1.1-3-7 (b). If the total assessed value that a person reports on a personal property return is less than the total assessed value that the person is required by law to report and if the amount of the undervaluation exceeds five percent (5%) of the value that should have been reported on the return, then the county auditor shall add a penalty of twenty percent (20%) of the additional taxes finally determined to be due as a result of the undervaluation.

In completing a personal property return for a year, a taxpayer must make a complete disclosure of all information relating to the value, nature or location of personal property owned, held, possessed or controlled on the assessment date. (IC 6-1.1-3-9 (a)). This information would include, but not be limited to, completion of the heading and related information, answers to all questions on the face of the return, and entries on all of the appropriate lines of Schedule A. If such information is not provided, the taxpayer will be contacted and directed to provide that information. In addition, a penalty of \$25 may be imposed. (IC 6-1.1-3-7(d))

\* NAICS - North American Industry Classification System - A complete list of codes may be found at [www.census.gov](http://www.census.gov). The Indiana Code (IC) and Indiana Administrative Code (IAC) may be found on-line at the DLGF website - [www.in.gov/dlgf](http://www.in.gov/dlgf). For further questions, contact the County Assessor (available on the DLGF website).

NOTE: The NAICS Code Number appears on your federal income tax return.

\*\* An individual using his Social Security number as the Federal Identification number is only required to provide the last four digits of that number. IC 4-1-10-3.

SUMMARY (Round all numbers to nearest ten dollars)	REPORTED BY TAXPAYER	CHANGE BY ASSESSOR	CHANGE BY THE COUNTY BOARD
Schedule A - Personal Property	+ \$ 4,157,160.00	\$	\$
Deduction per Form 103 ERA or Form 103-CTP	- \$ 1,959,240.00	\$	\$
Final Assessed Valuation	= \$ 2,197,920.00	\$	\$

**SIGNATURE AND VERIFICATION**

Under penalties of perjury, I hereby certify that this return (including accompanying schedules, deduction claims and statements), to the best of my knowledge and belief, is true, correct, and complete; reports all tangible personal property, subject to taxation, owned, held, possessed or controlled by the named taxpayer, in the stated taxing district, on the assessment date, as required by law; and is prepared in accordance with IC 6-1.1 et seq., as amended, and regulations promulgated with respect thereto.

Signature of authorized person 	Telephone number ( 555 ) 345-9333	Date (month, day, year) 05/10/2012
Name and title of authorized person (please type or print) <b>John Doe, Vice-President</b>	E-mail contact <b>jdoe@somewhere.net</b>	
Signature of person preparing return, if different than authorized person	Name and contact information of preparer (please type or print)	

FORM 103 - LONG See 50 IAC 4.2-4		TANGIBLE PERSONAL PROPERTY CONFIDENTIAL			SCHEDULE A MARCH 1, 2012	
Line	Report all personal property assessable to this taxpayer below. (Round all figures below to nearest dollar)				Federal Identification number 35-12345678	
1	Total cost of tangible depreciable personal property. (50 IAC 4.2- 4-2)				\$ 13,857,199.00	
2	Adjustment to federal tax basis per Form 106. (50 IAC 4.2-4-4)					
3	Total cost and base year value of tangible depreciable personal property. (Line 1 plus 2)				\$	
<b>Deduct Exempt Property (See 50 IAC 4.2-11)</b>					<b>COST</b>	
4	Stationary industrial air purification systems (Attach Form 103-P)			\$		
5	Industrial waste control facilities (Attach Form 103-P)					
6	Enterprise information technology equipment (Attach Form 103-IT)					
7	Vehicles / airplanes subject to excise tax	Number of Units		\$		
Total cost of exempt property (Deduct from Line 3 and enter on Line 8)						
8	<b>Subtotal</b>				\$	
Additions: See 50 IAC 4.2-1-1 and 50 IAC 4.2-4-3 (b) and 4						
9	Cost of all depreciable personal property still in use but written off. (50 IAC 4.2-4-3(b))				\$	
10	Cost of installation and foundations applicable to depreciable personal property. (50 IAC 4.2-4-2(d))					
11	Cost of interest incurred during construction and installation applicable to depreciable personal property. (50 IAC 4.2-4-3(h))					
12	Total cost and base year value of assessable depreciable personal property. (add Lines 8, 9, 10 and 11. Line 12 must agree with Line 56 Column A)				\$ 13,857,199.00	
<b>POOLING SUMMARY (From Schedule A-1 or Form 103-P5)</b>		<b>TOTAL COST COLUMN A</b>	<b>ADJUSTMENTS COLUMN B</b>	<b>ADJUSTED COST COLUMN C</b>	<b>TRUE TAX VALUE COLUMN D</b>	
56	Total All Pools	\$ 13,857,199.00	\$	\$ 13,857,199.00	\$ 2,815,825.00	
57	30% of Adjusted Cost (Line 56, Column C) (enter zero (0) if filing 103-P5 and entity is a qualified steel mill or oil refinery per IC 6-1.1-3-23)				\$ 4,157,160.00	
58	Greater of Lines 56D or 57				\$ 4,157,160.00	
<b>Adjustments to True Tax Value</b>						
59	Equipment not placed in service at cost	Cost \$	X 10%		\$	
60	Tools, dies, jigs, fixtures, etc., per Form 103-T. (50 IAC 4.2-6-2)	Cost \$			\$	
61	Permanently retired equipment per Form 106. (50 IAC 4.2-4-3 (c) and (d))	Cost \$			\$	
62	Commercial aircraft and commercial bus line fleet, not subject to excise tax per Form 103-I. (50 IAC 4.2-10)	Cost \$			\$	
63	Total additions to True Tax Value. (Lines 59, 60, 61 and 62)				\$	
64	Total True Tax Value before adjustments for "Abnormal Obsolescence." (Line 58 plus Line 63)				\$ 4,157,160.00	
65	Abnormal Obsolescence Adjustment per Form 106. (50 IAC 4.2-4-8)				\$	
66	Total True Tax Value of personal property. (To page 1, Form 103 Summary)				\$ 4,157,160.00	

\*\* The total cost of special tools, dies, jigs, fixtures, etc., permanently retired equipment; commercial aircraft, and commercial bus line fleet, not subject to excise tax is to be deducted in full in Column B below. The true tax value of such property is to be computed on the proper Form(s) (103-T, 106 AND 103-I, respectively) and recorded on Line(s) 60, 61 and 62.

## ROUND ALL FIGURES BELOW TO THE NEAREST DOLLAR.

YEAR OF ACQUISITION		COLUMN A	COLUMN B	COLUMN C		COLUMN D
POOL NUMBER 1: (1 TO 4 YEAR LIFE)		TOTAL COST OR BASE YEAR VALUE	ADJUSTMENTS ** (See Note Above)	ADJUSTED COST	T.T.V. %	TRUE TAX VALUE
13	From To 3-1-12*				65	
14	3-2-11 To 3-1-12				65	
15	3-2-10 To 3-1-11				50	
16	3-2-09 To 3-1-10				35	
17	Prior To 3-2-09	\$ 21,372.00	\$	\$ 21,372.00	20	\$ 4,274.00
18	TOTAL POOL NUMBER 1	21,372.00		21,372.00		4,274.00
POOL NUMBER 2: (5 TO 8 YEAR LIFE)						
19	From To 3-1-12 *				40	
20	3-2-11 To 3-1-12	2,089,347.00		2,089,347.00	40	835,739.00
21	3-2-10 To 3-1-11	140,077.00		140,077.00	56	78,443.00
22	3-2-09 To 3-1-10	300,237.00		300,237.00	42	126,100.00
23	3-2-08 To 3-1-09	71,581.00		71,581.00	32	22,906.00
24	3-2-07 To 3-1-08	117,088.00		117,088.00	24	28,101.00
25	3-2-06 To 3-1-07	1,754,595.00		1,754,595.00	18	315,827.00
26	Prior To 3-2-06	\$ 9,362,902.00	\$	\$ 9,362,902.00	15	\$ 1,404,435.00
27	TOTAL POOL NUMBER 2	13,835,827.00		13,835,827.00		2,811,551.00
POOL NUMBER 3: (9 TO 12 YEAR LIFE)						
28	From To 3-1-12 *				40	
29	3-2-11 To 3-1-12				40	
30	3-2-10 To 3-1-11				60	
31	3-2-09 To 3-1-10				55	
32	3-2-08 To 3-1-09				45	
33	3-2-07 To 3-1-08				37	
34	3-2-06 To 3-1-07				30	
35	3-2-05 To 3-1-06				25	
36	3-2-04 To 3-1-05				20	
37	3-2-03 To 3-1-04				16	
38	3-2-02 To 3-1-03				12	
39	Prior To 3-2-02	\$	\$	\$	10	\$
40	TOTAL POOL NUMBER 3					
POOL NUMBER 4: (13 YEAR AND LONGER LIFE)						
41	From To 3-1-12 *				40	
42	3-2-11 To 3-1-12				40	
43	3-2-10 To 3-1-11				60	
44	3-2-09 To 3-1-10				63	
45	3-2-08 To 3-1-09				54	
46	3-2-07 To 3-1-08				46	
47	3-2-06 To 3-1-07				40	
48	3-2-05 To 3-1-06				34	
49	3-2-04 To 3-1-05				29	
50	3-2-03 To 3-1-04				25	
51	3-2-02 To 3-1-03				21	
52	3-2-01 To 3-1-02				15	
53	3-2-00 To 3-1-01				10	
54	Prior To 3-2-00	\$	\$	\$	5	\$
55	TOTAL POOL NUMBER 4					
56	TOTAL ALL POOLS	13,857,199.00		13,857,199.00		2,815,825.00

Election to report cost of Depreciable Assets by Federal tax year .....

☐ Yes ☒ No

Election available only when federal tax year ends December 31 or January 31. See 50 IAC 4.2-4-6 (c).

\* If taxpayer elects to report cost above on federal tax year basis, assets acquired from the prior federal tax year end to March 1 are to be reported on the first line of the appropriate pool.

NOTE: All Column B adjustments above must be supported on Form 106, Form 103 - T, or Form 103 - I.



# SCHEDULE OF DEDUCTION FROM ASSESSED VALUATION PERSONAL PROPERTY IN ECONOMIC REVITALIZATION AREA

State Form 52503 (R8 / 12-11)

Prescribed by the Department of Local Government Finance

MARCH 1, 2012

FORM 103-ERA

PRIVACY NOTICE: The records in this series are confidential according to I. C. 6-1.1-35-9.

## INSTRUCTIONS:

1. In order to receive a deduction, this schedule must be submitted with a timely filed Form 103-Long.
2. A separate schedule must be completed and attached to Form 103-Long for each approved Form SB-1/PP for that abatement.
3. Attach a copy of the applicable Form CF-1 to this schedule. First-time filings must also include the SB-1 and the Resolution from the designating body.
4. For any acquisitions included herein since the last assessment date, attach a list of the newly included equipment on Form 103-EL.

SECTION 1 TAXPAYER INFORMATION									
Name of taxpayer Alpha Beta Corporation					Name of contact person John Doe				
Full address (number and street, city, state and ZIP code) 123 Main Street, Somewhere, IN					E-mail address of contact person jdoe@somewhere.net			Telephone number ( 555 ) 345-9333	
County Sherwood		Township Forest			Taxing District 93002			Fax number ( )	
SECTION 2 ECONOMIC REVITALIZATION AREA INFORMATION									
Name of body designating the Economic Revitalization Area Somewhere Town Council					Resolution number 2004-1951 C			Length of abatement (years) 10	
Date designation approved (month, day, year) 05/20/2004			Date designation will terminate (month, day, year) N/A			Does resolution limit dollar amount of deduction? <input type="checkbox"/> Yes, and limit is based on equipment <input checked="" type="checkbox"/> No <input type="checkbox"/> Cost or <input type="checkbox"/> Assessed value			
SECTION 3 ABATED EQUIPMENT POOLING SCHEDULE									
The total cost of depreciable assets is to be reported on Form 103-Long. This schedule includes only the values attributable to the new manufacturing, research and development, logistical distribution, and/or information technology equipment under abatement per the resolution and IC 6-1.1-12.1. Election to report cost of Depreciable Assets by federal tax year*** <input type="checkbox"/> Yes <input type="checkbox"/> No									
The Minimum Value Ratio applies if Line 57 is greater than Line 56D on page 2 of the Form 103-Long [IC 6-1.1-12.1-4.5(h)]			Box 1 - Enter amount shown on Line 57 of Form 103-Long \$4,157,160.00		Box 2 - Enter amount shown on Line 56D of Form 103-Long \$2,815,825.00		Box 3 - Divide Box 1 by Box 2 (carry ratio 5 decimal places) 1.47636		
POOL NUMBER 1 (1 TO 4 YEAR LIFE)									
		103 Schedule A, Column C, Adjusted Cost	TTV%	True Tax Value	Minimum Value Ratio (if applicable)	Abatement		Deduction Claimed	
						Year	Percent		
13	From to 3-1-12***	\$	65%	\$		1	%	\$	
14	3-2-11 to 3-1-12		65%			1			
15	3-2-10 to 3-1-11		50%			2			
16	3-2-09 to 3-1-10		35%			3			
17A	3-2-08 to 3-1-09		20%			4			
17B	3-2-07 to 3-1-08		20%			5			
17C	3-2-06 to 3-1-07		20%			6			
17D	3-2-05 to 3-1-06		20%			7			
17E	3-2-04 to 3-1-05		20%			8			
17F	3-2-03 to 3-1-04		20%			9			
17G	3-2-02 to 3-1-03		20%			10			
18	TOTAL POOL NUMBER 1	\$	--	\$	--	--	--	\$	
POOL NUMBER 2 (5 TO 8 YEAR LIFE)									
		103 Schedule A, Column C, Adjusted Cost	TTV%	True Tax Value	Minimum Value Ratio (if applicable)	Abatement		Deduction Claimed	
						Year	Percent		
19	From to 3-1-12***	\$	40%	\$		1	%	\$	
20	3-2-11 to 3-1-12	2,089,347.00	40%	835,739.00	1.47636	1	100.0	1,233,852.00	
21	3-2-10 to 3-1-11	140,077.00	56%	78,443.00	1.47636	2	90.0	104,229.00	
22	3-2-09 to 3-1-10	300,237.00	42%	126,100.00	1.47636	3	80.0	148,935.00	
23	3-2-08 to 3-1-09	71,581.00	32%	22,906.00	1.47636	4	70.0	23,672.00	
24	3-2-07 to 3-1-08	117,088.00	24%	28,101.00	1.47636	5	60.0	24,892.00	
25	3-2-06 to 3-1-07	1,754,595.00	18%	315,827.00	1.47636	6	50.0	233,137.00	
26A	3-2-05 to 3-1-06	587,512.00	15%	88,127.00	1.47636	7	40.0	52,043.00	
26B	3-2-04 to 3-1-05	2,084,366.00	15%	312,655.00	1.47636	8	30.0	138,477.00	
26C	3-2-03 to 3-1-04		15%			9			
26D	3-2-02 to 3-1-03		15%			10			
27	TOTAL POOL NUMBER 2	\$ 7,144,803.00	--	\$ 1,807,898.00	--	--	--	\$ 1,959,237.00	
SUB-TOTAL - POOLS 1 AND 2 (Total Lines 18 and 27. Enter to the right and on Page 2.)								\$ 1,959,237.00	

SECTION 3 (continued)			ABATED EQUIPMENT POOLING SCHEDULE					
POOL NUMBER 3 (9 TO 12 YEAR LIFE)								
		103 Schedule A, Column C, Adjusted Cost	TTV%	True Tax Value	Minimum Value Ratio (if applicable)	Abatement		Deduction Claimed
						Year	Percent	
28	From	to 3-1-12***	\$	40%	\$		1	% \$
29		3-2-11 to 3-1-12		40%			1	
30		3-2-10 to 3-1-11		60%			2	
31		3-2-09 to 3-1-10		55%			3	
32		3-2-08 to 3-1-09		45%			4	
33		3-2-07 to 3-1-08		37%			5	
34		3-2-06 to 3-1-07		30%			6	
35		3-2-05 to 3-1-06		25%			7	
36		3-2-04 to 3-1-05		20%			8	
37		3-2-03 to 3-1-04		16%			9	
38		3-2-02 to 3-1-03		12%			10	
40	<b>TOTAL POOL NUMBER 3</b>		\$	--	\$	--	--	\$

  

POOL NUMBER 4 (13 YEAR AND LONGER LIVES)								
		103 Schedule A, Column C, Adjusted Cost	TTV%	True Tax Value	Minimum Value Ratio (if applicable)	Abatement		Deduction Claimed
						Year	Percent	
41	From	to 3-1-12***	\$	40%	\$		1	% \$
42		3-2-11 to 3-1-12		40%			1	
43		3-2-10 to 3-1-11		60%			2	
44		3-2-09 to 3-1-10		63%			3	
45		3-2-08 to 3-1-09		54%			4	
46		3-2-07 to 3-1-08		46%			5	
47		3-2-06 to 3-1-07		40%			6	
48		3-2-05 to 3-1-06		34%			7	
49		3-2-04 to 3-1-05		29%			8	
50		3-2-03 to 3-1-04		25%			9	
51		3-2-02 to 3-1-03		21%			10	
55	<b>TOTAL POOL NUMBER 4</b>		\$	--	\$	--	--	\$

  

<b>SUB-TOTAL - POOLS 3 AND 4</b> (Total Lines 40 and 55. Enter to the right and below.)								\$
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SPECIAL TOOLING								
Round all figures to the nearest \$1. Report only the cost of abated special tools, dies, jigs, etc. (50 IAC 4.2-6-2)				True Tax Value (Included on Form 103-T)		Abatement		Deduction Claimed
	From	to 3-1-12***	\$			Year	Percent	
S1				30%		The Minimum Value Ratio Is Not Applicable To Special Tooling	1	% \$
S2		3-2-11 to 3-1-12		30%			1	
S3		3-2-10 to 3-1-11		3%			2	
S4		3-2-09 to 3-1-10		3%			3	
S5		3-2-08 to 3-1-09		3%			4	
S6		3-2-07 to 3-1-08		3%			5	
S7		3-2-06 to 3-1-07		3%			6	
S8		3-2-05 to 3-1-06		3%			7	
S9		3-2-04 to 3-1-05		3%			8	
S10		3-2-03 to 3-1-04		3%			9	
S11		3-2-02 to 3-1-03		3%		10		
S12	<b>TOTAL SPECIAL TOOLING</b>		\$	--		--	--	\$

  

SUB-TOTAL POOLS 1 AND 2 (from Page 1)			\$ 1,959,237.00
SUB-TOTAL POOLS 3 AND 4 (from above)			
SUB-TOTAL SPECIAL TOOLING (from above - Line S12)			
<b>TOTAL ALL POOLS AND SPECIAL TOOLING</b>			\$ 1,959,237.00
LIMIT ON AMOUNT OF ABATEMENT STATED IN RESOLUTION		Limit \$	\$
AMOUNT OF DEDUCTION CLAIMED - Lesser of resolution limit on abatement or total all pools. (Carry deduction forward to the Summary Section on Page 1 of the Form 103-Long.)			\$ 1,959,237.00

Obsolescence claimed on Form 106? ☐ Yes ☐ No

**NOTE:** If obsolescence is claimed on depreciable assets, the applicable adjustment must be taken on the Abatement Deduction being claimed. Show calculations on Form 106.

Line numbers on this form match the line numbers on the Form 103-Long. Lines were added to Pools 1 & 2 and deleted from Pools 3 & 4 to reflect the ten (10) year abatement limitation.

\*\*\* If taxpayer elects to report cost on a federal tax year basis, assets acquired from the end of the prior federal tax year to March 1 are reported on the first line.



**EQUIPMENT LIST FOR NEW ADDITIONS TO ERA DEDUCTION  
PERSONAL PROPERTY IN ECONOMIC REVITALIZATION AREA**

State Form 52515 (R / 1-09)

Prescribed by the Department of Local Government Finance

MARCH 1, 20\_\_

**FORM 103-EL****PRIVACY NOTICE**The records in this series are  
confidential according to IC  
6-1.1-35-9.**INSTRUCTIONS:**

1. This schedule must be filed when any new manufacturing, research and development, logistical distribution and/or information technology equipment that is claimed on the schedule of deduction from assessed valuation (Form 103-ERA) has been installed after the prior year assessment date.
2. A separate list must be completed for EACH APPROVED abatement (Form SB-1 / PP). The equipment list is attached to the corresponding Form 103-ERA and made part of the Business Personal Property Return (103 Long) filed with the Assessor not later than May 15 of each year unless an extension of up to thirty (30) days is granted in writing.
3. A taxpayer's internal list may be attached to this form. Any data omitted from that taxpayer format must be added here, using the Reference Number Column to cross reference to the taxpayer formatted list.
4. The purpose column is to describe the item in sufficient detail to assist the Assessing Official to determine that the item is eligible for abatement as equipment as defined in IC 6-1.1-12.1-1. An entry may be left blank if the item name is self-describing.

**SECTION 1****TAXPAYER INFORMATION**

Name of taxpayer Alpha Beta Corporation		Name of contact person John Doe	
Address of taxpayer (number and street, city, state and ZIP code) 123 Main Street, Somewhere, IN			Telephone number ( 555 ) 345-9333
County Sherwood	Township Forest	DLGF taxing district number 93002	

**SECTION 2****ECONOMIC REVITALIZATION AREA INFORMATION**

Name of body designating the Economic Revitalization Area Somewhere Town Council	Resolution number 2004-1951 C	Length of abatement (years) 10
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**SECTION 3****ABATED EQUIPMENT LIST**

REFERENCE NUMBER <sup>3</sup>	INSTALLATION DATE	ITEM	PURPOSE <sup>4</sup>	COST PER 50 IAC 4.2-	POOL LINE NUMBER	ASSESSOR USE ONLY
	07/15/2011	Metal Sheer		75,123.00	20	
	07/15/2011	Metal Press - 5 ton		245,112.00	20	
	07/15/2011	Robotic Welders - 3		375,367.00	20	
	07/15/2011	Paint Room - Dip Tank		112,758.00	20	
	07/15/2011	Paint Room - Spraying System		287,456.00	20	
	07/15/2011	Paint Room - Drying System		112,999.00	20	
	07/15/2011	Conveyor		123,879.00	20	
	08/24/2011	Office Furniture		45,622.00	20	
	08/24/2011	Office - Computer Network		98,482.00	20	
	08/24/2011	Copier		5,512.00	20	
	08/24/2011	Phone System		18,291.00	20	
	09/14/2011	Forklifts - 14		321,677.00	20	
	11/12/2011	Powder Coating System		438,143.00	20	
	12/14/2011	Assembly Tables-Gadget Div.		116,382.00	20	

☐ Check if additional Form 103-EL are attached for this abatement (103-ERA). This is Equipment List 1 of 1.☐ Check if taxpayer's internal list is attached.



# STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51764 (R2 / 12-11)

Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

## PRIVACY NOTICE

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

### INSTRUCTIONS:

1. This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body **BEFORE** a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment for which the person wishes to claim a deduction. "Projects" planned or committed to after July 1, 1987, and areas designated after July 1, 1987, require a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
2. Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to installation of the new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment, **BEFORE** a deduction may be approved
3. To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor for the township. The 103-ERA must be filed between March 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between March 1 and the extended due date of that year.
4. Property owners whose Statement of Benefits was approved after June 30, 1991, must submit Form CF-1 / PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
5. The schedules established under IC 6-1.1-12.1-4.5(d) and (e) apply to equipment installed after March 1, 2001, unless an alternative deduction schedule is adopted by the designating body (IC 6-1.1-12.1-17).

SECTION 1 TAXPAYER INFORMATION											
Name of taxpayer Alpha Beta Corporation											
Address of taxpayer (number and street, city, state, and ZIP code) 123 Main Street, Somewhere, Indiana											
Name of contact person John Doe							Telephone number				
SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT											
Name of designating body Somewhere Town Council							Resolution number (s) 2004-1951 C				
Location of property 123 Main Street, Somewhere, IN					County Sherwood		DLGF taxing district number 93002				
Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment. (use additional sheets if necessary)  New line to shear metal & stamp into electrical boxes					ESTIMATED						
							START DATE	COMPLETION DATE			
					Manufacturing Equipment		06/01/2004	12/31/2005			
					R & D Equipment						
					Logist Dist Equipment						
IT Equipment											
SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT											
Current number 78		Salaries 1,777,000.00		Number retained 78		Salaries 1,777,000.00		Number additional 5		Salaries 90,000.00	
SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT											
NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.			MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT		
			COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	
Current values			5,700,000.00								
Plus estimated values of proposed project			897,000.00								
Less values of any property being replaced											
Net estimated values upon completion of project											
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER											
Estimated solid waste converted (pounds) _____					Estimated hazardous waste converted (pounds) _____						
Other benefits:											
SECTION 6 TAXPAYER CERTIFICATION											
I hereby certify that the representations in this statement are true.											
Signature of authorized representative John Doe					Title Vice-President		Date signed (month, day, year) 04/15/2004				

# FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

A. The designated area has been limited to a period of time not to exceed \_\_\_\_\_ calendar years \* (see below). The date this designation expires is \_\_\_\_\_.

B. The type of deduction that is allowed in the designated area is limited to:

- |  |   |
|--|---|
| 1. Installation of new manufacturing equipment;            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Installation of new research and development equipment; | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 3. Installation of new logistical distribution equipment.  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 4. Installation of new information technology equipment;   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

C. The amount of deduction applicable to new manufacturing equipment is limited to \$ \_\_\_\_\_ cost with an assessed value of \$ \_\_\_\_\_.

D. The amount of deduction applicable to new research and development equipment is limited to \$ \_\_\_\_\_ cost with an assessed value of \$ \_\_\_\_\_.

E. The amount of deduction applicable to new logistical distribution equipment is limited to \$ \_\_\_\_\_ cost with an assessed value of \$ \_\_\_\_\_.

F. The amount of deduction applicable to new information technology equipment is limited to \$ \_\_\_\_\_ cost with an assessed value of \$ \_\_\_\_\_.

G. Other limitations or conditions (specify) \_\_\_\_\_

H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction on or after July 1, 2000, is allowed for:

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 1 year     | <input type="checkbox"/> 6 years                |
| <input type="checkbox"/> 2 years    | <input type="checkbox"/> 7 years                |
| <input type="checkbox"/> 3 years    | <input type="checkbox"/> 8 years                |
| <input type="checkbox"/> 4 years    | <input type="checkbox"/> 9 years                |
| <input type="checkbox"/> 5 years ** | <input checked="" type="checkbox"/> 10 years ** |

\*\* For ERA's established prior to July 1, 2000, only a 5 or 10 year schedule may be deducted.

I. Did the designating body adopt an alternative deduction schedule per IC 6-1.1-12.1-17? ☐ Yes ☒ No  
If yes, attach a copy of the alternative deduction schedule to this form.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved: (signature and title of authorized member)

*Peter Doe*

Telephone number  
( )

Date signed (month, day, year)  
05/20/2004

Attested by:

Susan Doe

Designated body

Somewhere Town Council

\* If the designating body limits the time period during which an area is an economic revitalization area, it does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years designated under IC 6-1.1-12.1-4.5



**COMPLIANCE WITH STATEMENT OF BENEFITS  
PERSONAL PROPERTY**

State Form 51765 (R / 1-06)

Prescribed by the Department of Local Government Finance

**FORM CF-1 / PP**

- INSTRUCTIONS:**
1. Property owners whose Statement of Benefits was approved must file this form with the local Designating Body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
  2. This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between March 1, and May 15, of each year, unless a filing extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between March 1, and the extended due date of each year.
  3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance (CF-1).

<b>SECTION 1 TAXPAYER INFORMATION</b>								
Name of taxpayer Alpha Beta Corporation								
Address of taxpayer (number and street, city, state, and ZIP code) 123 Main Street, Somewhere, Indiana								
Name of contact person John Doe						Telephone number		
<b>SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY</b>								
Name of designating body Somewhere Town Council						Resolution number 2004-1951 C		
Location of property 123 Main Street, Somewhere, IN				County Sherwood		DLGF taxing district number 93002		
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired.  New line to shear metal and stamp into electrical boxes						Estimated starting date (month, day, year) 06/01/2004		
						Estimated completion date (month, day, year) 12/31/2005		
<b>SECTION 3 EMPLOYEES AND SALARIES</b>								
<b>EMPLOYEES AND SALARIES</b>						<b>AS ESTIMATED ON SB-1</b>		<b>ACTUAL</b>
Current number of employees						78.00		78
Salaries						1,777,000.00		1,867,000.00
Number of employees retained								
Salaries								
Number of additional employees						5.00		2
Salaries						90,000.00		40,000.00
<b>SECTION 4 COST AND VALUES</b>								
	<b>MANUFACTURING EQUIPMENT</b>		<b>R &amp; D EQUIPMENT</b>		<b>LOGIST DIST EQUIPMENT</b>		<b>IT EQUIPMENT</b>	
<b>AS ESTIMATED ON SB-1</b>	<b>COST</b>	<b>ASSESSED VALUE</b>	<b>COST</b>	<b>ASSESSED VALUE</b>	<b>COST</b>	<b>ASSESSED VALUE</b>	<b>COST</b>	<b>ASSESSED VALUE</b>
Values before project	5,700,000.00							
Plus: Values of proposed project	897,000.00							
Less: Values of any property being replaced								
Net values upon completion of project	6,597,000.00							
<b>ACTUAL</b>	<b>COST</b>	<b>ASSESSED VALUE</b>	<b>COST</b>	<b>ASSESSED VALUE</b>	<b>COST</b>	<b>ASSESSED VALUE</b>	<b>COST</b>	<b>ASSESSED VALUE</b>
Values before project	5,790,450.00							
Plus: Values of proposed project	7,144,803.00							
Less: Values of any property being replaced								
Net values upon completion of project	12,935,253.00							
<b>NOTE:</b> The <b>COST</b> of the property is confidential pursuant to IC 6-1.1-12.1-5.6 (d).								
<b>SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER</b>								
<b>WASTE CONVERTED AND OTHER BENEFITS</b>						<b>AS ESTIMATED ON SB-1</b>		<b>ACTUAL</b>
Amount of solid waste converted								
Amount of hazardous waste converted								
Other benefits:								
<b>SECTION 6 TAXPAYER CERTIFICATION</b>								
I hereby certify that the representations in this statement are true.								
Signature of authorized representative 				Title Vice-President		Date signed (month, day, year) 05/10/2012		

**OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)  
THAT WAS APPROVED AFTER JUNE 30, 1991.**

**INSTRUCTIONS: (IC 6-1.1-12-5.9)**

1. This page does not apply to a Statement of Benefits filed before July 1, 1991; that deduction may not be terminated for a failure to comply with the Statement of Benefits.
2. Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.
3. If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the Township Assessor and the County Auditor.
4. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits.
5. If the designating body determines that the property owner has **NOT** made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the County Auditor; and (3) the Township Assessor.

We have reviewed the CF-1 and find that:			
<input type="checkbox"/> the property owner <b>IS</b> in substantial compliance <input type="checkbox"/> the property owner <b>IS NOT</b> in substantial compliance <input type="checkbox"/> other (specify) _____			
Reasons for the determination (attach additional sheets if necessary)			
Signature of authorized member			Date signed (month, day, year)
Attested by:		Designating body	
If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.			
Time of hearing	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date of hearing (month, day, year)	Location of hearing
<b>HEARING RESULTS (to be completed after the hearing)</b>			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied (see instruction 5 above)			
Reasons for the determination (attach additional sheets if necessary)			
Signature of authorized member			Date signed (month, day, year)
Attested by:		Designating body	
<b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>			
A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.			

**U.S. Income Tax Return for an S Corporation**

▶ **Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.**  
▶ **See separate instructions.**

OMB No. 1545-0130

**2011**

For calendar year 2011 or tax year beginning

, 2011, ending

, 20

A S election effective date

**TYPE**  
**OR**  
**PRINT**

Name

D Employer identification number

B Business activity code  
number (see instructions)

Number, street, and room or suite no. If a P.O. box, see instructions.

E Date incorporated

City or town, state, and ZIP code

F Total assets (see instructions)

C Check if Sch. M-3 attached ☐

\$

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☐ No If "Yes," attach Form 2553 if not already filedH Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year

**Caution.** Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

<b>Income</b>	1a	Merchant card and third-party payments. For 2011, enter -0-	1a		
	b	Gross receipts or sales not reported on line 1a (see instructions)	1b		
	c	Total. Add lines 1a and 1b	1c		
	d	Returns and allowances plus any other adjustments (see instructions)	1d		
	e	Subtract line 1d from line 1c	1e		
<b>Deductions</b> (see instructions for limitations)	2	Cost of goods sold (attach Form 1125-A)	2		
	3	Gross profit. Subtract line 2 from line 1e	3		
	4	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	4		
	5	Other income (loss) (see instructions—attach statement)	5		
	6	<b>Total income (loss).</b> Add lines 3 through 5	6		
	7	Compensation of officers	7		
	8	Salaries and wages (less employment credits)	8		
	9	Repairs and maintenance	9		
	10	Bad debts	10		
	11	Rents	11		
	12	Taxes and licenses	12		
	13	Interest	13		
<b>Tax and Payments</b>	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14		
	15	Depletion ( <b>Do not deduct oil and gas depletion.</b> )	15		
	16	Advertising	16		
	17	Pension, profit-sharing, etc., plans	17		
	18	Employee benefit programs	18		
	19	Other deductions (attach statement)	19		
	20	<b>Total deductions.</b> Add lines 7 through 19	20		
	21	<b>Ordinary business income (loss).</b> Subtract line 20 from line 6	21		
	22a	Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b	Tax from Schedule D (Form 1120S)	22b		
	c	Add lines 22a and 22b (see instructions for additional taxes)	22c		
	23a	2011 estimated tax payments and 2010 overpayment credited to 2011	23a		
	b	Tax deposited with Form 7004	23b		
	c	Credit for federal tax paid on fuels (attach Form 4136)	23c		
d	Add lines 23a through 23c	23d			
24	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	24			
25	<b>Amount owed.</b> If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25			
26	<b>Overpayment.</b> If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26			
27	Enter amount from line 26 <b>Credited to 2012 estimated tax</b> ▶ <b>Refunded</b> ▶	27			

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11510H

Form **1120S** (2011)

<b>Schedule L Balance Sheets per Books</b>		Beginning of tax year		End of tax year	
<b>Assets</b>		(a)	(b)	(c)	(d)
1	Cash . . . . .				
2a	Trade notes and accounts receivable . . . . .				
b	Less allowance for bad debts . . . . .	( )	( )	( )	( )
3	Inventories . . . . .				
4	U.S. government obligations . . . . .				
5	Tax-exempt securities (see instructions) . . . . .				
6	Other current assets (attach statement) . . . . .				
7	Loans to shareholders . . . . .				
8	Mortgage and real estate loans . . . . .				
9	Other investments (attach statement) . . . . .				
10a	Buildings and other depreciable assets . . . . .				
b	Less accumulated depreciation . . . . .	( )	( )	( )	( )
11a	Depletable assets . . . . .				
b	Less accumulated depletion . . . . .	( )	( )	( )	( )
12	Land (net of any amortization) . . . . .				
13a	Intangible assets (amortizable only) . . . . .				
b	Less accumulated amortization . . . . .	( )	( )	( )	( )
14	Other assets (attach statement) . . . . .				
15	Total assets . . . . .				
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable . . . . .				
17	Mortgages, notes, bonds payable in less than 1 year . . . . .				
18	Other current liabilities (attach statement) . . . . .				
19	Loans from shareholders . . . . .				
20	Mortgages, notes, bonds payable in 1 year or more . . . . .				
21	Other liabilities (attach statement) . . . . .				
22	Capital stock . . . . .				
23	Additional paid-in capital . . . . .				
24	Retained earnings . . . . .				
25	Adjustments to shareholders' equity (attach statement) . . . . .				
26	Less cost of treasury stock . . . . .	( )	( )	( )	( )
27	Total liabilities and shareholders' equity . . . . .				

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

**Note.** Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more—see instructions

1	Net income (loss) per books . . . . .		5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) . . . . .		a	Tax-exempt interest \$ . . . . .	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):	
a	Depreciation \$ . . . . .		a	Depreciation \$ . . . . .	
b	Travel and entertainment \$ . . . . .		7	Add lines 5 and 6 . . . . .	
4	Add lines 1 through 3 . . . . .		8	Income (loss) (Schedule K, line 18). Line 4 less line 7 . . . . .	

**Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed** (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year . . . . .		
2	Ordinary income from page 1, line 21 . . . . .		
3	Other additions . . . . .		
4	Loss from page 1, line 21 . . . . .	( )	
5	Other reductions . . . . .	( )	
6	Combine lines 1 through 5 . . . . .		
7	Distributions other than dividend distributions . . . . .		
8	Balance at end of tax year. Subtract line 7 from line 6 . . . . .		

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
(Sole Proprietorship)

► For information on Schedule C and its instructions, go to [www.irs.gov/schedulec](http://www.irs.gov/schedulec)  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. **09**

Name of proprietor		Social security number (SSN)
A Principal business or profession, including product or service (see instructions)	B Enter code from instructions <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>▶</span> <span style="border-bottom: 1px solid black; width: 100px;"></span> </div>	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN), (see instr.) <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>▶</span> <span style="border-bottom: 1px solid black; width: 100px;"></span> </div>	
E Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code		
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
H If you started or acquired this business during 2011, check here <span style="float:right"><input type="checkbox"/></span>		
I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
J If "Yes," did you or will you file all required Forms 1099? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**Part I Income**

1a Merchant card and third party payments. For 2011, enter -0-	1a			
b Gross receipts or sales not entered on line 1a (see instructions)	1b			
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. <b>Caution.</b> See instr. before completing this line	1c			
d <b>Total gross receipts.</b> Add lines 1a through 1c	1d			
2 Returns and allowances plus any other adjustments (see instructions)	2			
3 Subtract line 2 from line 1d	3			
4 Cost of goods sold (from line 42)	4			
5 <b>Gross profit.</b> Subtract line 4 from line 3	5			
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6			
7 <b>Gross income.</b> Add lines 5 and 6	7			

**Part II Expenses**

**Enter expenses for business use of your home only on line 30.**

8 Advertising	8				18 Office expense (see instructions)	18			
9 Car and truck expenses (see instructions)	9				19 Pension and profit-sharing plans	19			
10 Commissions and fees	10				20 Rent or lease (see instructions):				
11 Contract labor (see instructions)	11				a Vehicles, machinery, and equipment	20a			
12 Depletion	12				b Other business property	20b			
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13				21 Repairs and maintenance	21			
14 Employee benefit programs (other than on line 19)	14				22 Supplies (not included in Part III)	22			
15 Insurance (other than health)	15				23 Taxes and licenses	23			
16 Interest:					24 Travel, meals, and entertainment:				
a Mortgage (paid to banks, etc.)	16a				a Travel	24a			
b Other	16b				b Deductible meals and entertainment (see instructions)	24b			
17 Legal and professional services	17				25 Utilities	25			
					26 Wages (less employment credits)	26			
					27a Other expenses (from line 48)	27a			
					b <b>Reserved for future use</b>	27b			
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	28								
29 Tentative profit or (loss). Subtract line 28 from line 7	29								
30 Expenses for business use of your home. Attach <b>Form 8829</b> . Do <b>not</b> report such expenses elsewhere	30								
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.	31								
<p>• If a profit, enter on both <b>Form 1040</b>, line 12 (or <b>Form 1040NR</b>, line 13) and on <b>Schedule SE</b>, line 2. If you entered an amount on line 1c, see instr. Estates and trusts, enter on <b>Form 1041</b>, line 3.</p> <p>• If a loss, you <b>must</b> go to line 32.</p>									
<p>32 If you have a loss, check the box that describes your investment in this activity (see instructions).</p> <p>• If you checked 32a, enter the loss on both <b>Form 1040</b>, line 12, (or <b>Form 1040NR</b>, line 13) and on <b>Schedule SE</b>, line 2. If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on <b>Form 1041</b>, line 3.</p> <p>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b>. Your loss may be limited.</p>									

32a ☐ All investment is at risk.  
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 11334P

Schedule C (Form 1040) 2011



**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships,  
S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See separate instructions.

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. **13**

Name(s) shown on return

Your social security number

**A** Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)

☐ Yes ☐ No

**B** If "Yes," did you or will you file all required Forms 1099?

☐ Yes ☐ No

**Part I** **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**Caution.** For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

1	Physical address of each property—street, city, state, zip	Type—from list below	2	For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.	Fair Rental Days	Personal Use Days	QJV
A				A			
B				B			
C				C			

**Type of Property:**

- |                           |                              |             |                    |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land      | 7 Self-Rental      |
| 2 Multi-Family Residence  | 4 Commercial                 | 6 Royalties | 8 Other (describe) |

**Income:**

		Properties		
		A	B	C
3a	Merchant card and third party payments. For 2011, enter -0-	3a		
b	Payments not reported to you on line 3a.	3b		
4	Total not including amounts on line 3a that are not income (see instructions)	4		

**Expenses:**

5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest	13			
14	Repairs	14			
15	Supplies	15			
16	Taxes	16			
17	Utilities	17			
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20			
21	Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file <b>Form 6198</b>	21			
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	( )	( )	( )

23a	Total of all amounts reported on line 3a for all rental properties	23a		
b	Total of all amounts reported on line 3a for all royalty properties	23b		
c	Total of all amounts reported on line 4 for all rental properties	23c		
d	Total of all amounts reported on line 4 for all royalty properties	23d		
e	Total of all amounts reported on line 12 for all properties	23e		
f	Total of all amounts reported on line 18 for all properties	23f		
g	Total of all amounts reported on line 20 for all properties	23g		
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses	24		
25	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	( )	
26	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	26		

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Cat. No. 11344L

Schedule E (Form 1040) 2011

Name(s) shown on return

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

**2011**Attachment  
Sequence No. **179**

Identifying number

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 ▶	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form **4562** (2011)

**SCHEDULE F**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Farming**

► Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.  
► See Instructions for Schedule F (Form 1040).

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. **14**

Name of proprietor

Social security number (SSN)

**A** Principal crop or activity

**B** Enter code from Part IV

**C** Accounting method:

☐ Cash ☐ Accrual

**D** Employer ID number (EIN), (see instr)

**E** Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on passive losses. ☐ Yes ☐ No

**F** Did you make any payments in 2011 that would require you to file Form(s) 1099 (see instructions) ☐ Yes ☐ No

**G** If "Yes," did you or will you file all required Forms 1099? ☐ Yes ☐ No

**Part I Farm Income—Cash Method.** Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 9.)

<b>1a</b> Specified sales of livestock and other resale items (see instructions)	<b>1a</b>				
<b>b</b> Sales of livestock and other resale items not reported on line 1a	<b>1b</b>				
<b>c</b> Total of lines 1a and 1b (see instructions)	<b>1c</b>				
<b>d</b> Cost or other basis of livestock or other items reported on line 1c	<b>1d</b>				
<b>e</b> Subtract line 1d from line 1c				<b>1e</b>	
<b>2a</b> Specified sales of products you raised (see instructions)				<b>2a</b>	
<b>b</b> Sales of products you raised not reported on line 2a				<b>2b</b>	
<b>3a</b> Cooperative distributions (Form(s) 1099-PATR)	<b>3a</b>			<b>3b</b> Taxable amount	
<b>4a</b> Agricultural program payments (see instructions)	<b>4a</b>			<b>4b</b> Taxable amount	
<b>5a</b> Commodity Credit Corporation (CCC) loans reported under election				<b>5a</b>	
<b>b</b> CCC loans forfeited	<b>5b</b>			<b>5c</b> Taxable amount	
<b>6</b> Crop insurance proceeds and federal crop disaster payments (see instructions)					
<b>a</b> Amount received in 2011	<b>6a</b>			<b>6b</b> Taxable amount	
<b>c</b> If election to defer to 2012 is attached, check here <input type="checkbox"/>				<b>6d</b> Amount deferred from 2010	
<b>7a</b> Specified custom hire (machine work) income (see instructions)				<b>7a</b>	
<b>b</b> Custom hire income not reported on line 7a				<b>7b</b>	
<b>8a</b> Specified other income (see instructions)				<b>8a</b>	
<b>b</b> Other income not reported on line 8a (see instructions)				<b>8b</b>	
<b>9</b> <b>Gross income.</b> Add amounts in the right column (lines 1e, 2a, 2b, 3b, 4b, 5a, 5c, 6b, 6d, 7a, 7b, 8a, and 8b). If you use the accrual method, enter the amount from Part III, line 50 (see instructions)				<b>9</b>	

**Part II Farm Expenses—Cash and Accrual Method.** Do not include personal or living expenses (see instructions).

<b>10</b> Car and truck expenses (see instructions). Also attach Form 4562	<b>10</b>			<b>23</b> Pension and profit-sharing plans	<b>23</b>		
<b>11</b> Chemicals	<b>11</b>			<b>24</b> Rent or lease (see instructions):			
<b>12</b> Conservation expenses (see instructions)	<b>12</b>			<b>a</b> Vehicles, machinery, equipment	<b>24a</b>		
<b>13</b> Custom hire (machine work)	<b>13</b>			<b>b</b> Other (land, animals, etc.)	<b>24b</b>		
<b>14</b> Depreciation and section 179 expense (see instructions)	<b>14</b>			<b>25</b> Repairs and maintenance	<b>25</b>		
<b>15</b> Employee benefit programs other than on line 23	<b>15</b>			<b>26</b> Seeds and plants	<b>26</b>		
<b>16</b> Feed	<b>16</b>			<b>27</b> Storage and warehousing	<b>27</b>		
<b>17</b> Fertilizers and lime	<b>17</b>			<b>28</b> Supplies	<b>28</b>		
<b>18</b> Freight and trucking	<b>18</b>			<b>29</b> Taxes	<b>29</b>		
<b>19</b> Gasoline, fuel, and oil	<b>19</b>			<b>30</b> Utilities	<b>30</b>		
<b>20</b> Insurance (other than health)	<b>20</b>			<b>31</b> Veterinary, breeding, and medicine	<b>31</b>		
<b>21</b> Interest:				<b>32</b> Other expenses (specify):			
<b>a</b> Mortgage (paid to banks, etc.)	<b>21a</b>			<b>a</b>	<b>32a</b>		
<b>b</b> Other	<b>21b</b>			<b>b</b>	<b>32b</b>		
<b>22</b> Labor hired (less employment credits)	<b>22</b>			<b>c</b>	<b>32c</b>		
				<b>d</b>	<b>32d</b>		
				<b>e</b>	<b>32e</b>		
				<b>f</b>	<b>32f</b>		
<b>33</b> <b>Total expenses.</b> Add lines 10 through 32f. If line 32f is negative, see instructions					<b>33</b>		
<b>34</b> <b>Net farm profit or (loss).</b> Subtract line 33 from line 9					<b>34</b>		

If a profit, stop here and see instructions for where to report. If a loss, complete lines 35 and 36.

**35** Did you receive an applicable subsidy in 2011? (see instructions) ☐ Yes ☐ No

**36** Check the box that describes your investment in this activity and see instructions for where to report your loss.

**a** ☐ All investment is at risk. **b** ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 11346H

Schedule F (Form 1040) 2011